FORM 4

## **UNITED STATES SECURITIES AND EXCHANGE COMMISSION**

STATEMENT	OF CHANGES	IN BENEFICIAL	OWNERSHIP
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OMB APPROVAL								
OMB Number: 3235-0287								
Estimated average burden								
hours per response:	0.5							

Check this box if no longer subject to Section 16. Form 4 or Form 5 obligations may continue. See Instruction 1(b).

Filed pursuant to Section 16(a) of the Securities Exchange Act of 1934 or Section 30(h) of the Investment Company Act of 1940

Name and Address of Reporting Person*     Yeramian Patrick D					2. Issuer Name and Ticker or Trading Symbol Amylyx Pharmaceuticals, Inc. [ AMLX ]									all app		ng Per	10% Ov	vner	
(Last)	,	rst) (MARMACEUTICA	Middl	,	3. Date of Earliest Transaction (Month/Day/Year) 01/09/2024								X	Officer (give title below)  Chief Medica		lical (	Other (specify below)  l Officer		
43 THORNDIKE STREET				4. If Amendment, Date of Original Filed (Month/Day/Year)								i. Individual or Joint/Group Filing (Check Applicable ine)							
(Street)													X	X Form filed by One Reporting Person					
l ` ′	CAMBRIDGE MA 02141												Form filed by More than One Reporting Person						
(City) (State) (Zip)				Ru	Rule 10b5-1(c) Transaction Indication														
					Check this box to indicate that a transaction was made pursuant to a contract, instruction or written plan that is intended to satisfy the affirmative defense conditions of Rule 10b5-1(c). See Instruction 10.														
		Table	I - I	Non-Deriva	tive	Secui	rities	Acc	quir	ed, Di	sposed o	of, or	Benefic	ially	Own	ed			
1. Title of Security (Instr. 3)  2. Transaction Date (Month/Day/Ye:			Execution Da		n Date, Tr		3. Transaction Code (Instr. 8)  4. Securities Ar Disposed Of (D				d 5) Secur Benef Owne		icially d Following	Forn (D) c Indir	m: Direct or rect (I)	7. Nature of Indirect Beneficial Ownership			
						G		ode	v A	Amount	(A) or (D)	Price		Reported (Ins Transaction(s) (Instr. 3 and 4)		(Inst	ir. 4)	(Instr. 4)	
Common Stock 01/0		01/09/202	:4			S <sup>(1)</sup>			2,812(1)	D	\$16.328	81 <sup>(2)</sup>	20	205,605		D			
Table II - Derivative Securities Acquired, Disposed of, or Beneficially Owned (e.g., puts, calls, warrants, options, convertible securities)																			
1. Title of Derivative Security (Instr. 3)	ivative Conversion Date Execution Date, urity or Exercise (Month/Day/Year) if any				5. Numbe of Derivativ Securitie Acquired (A) or Disposec of (D) (Instr. 3, and 5)		ative rities ired osed	Expiration Date (Month/Day/Year)		Amo Secu Undo Deriv Secu	7. Title and Amount of Securities Underlying Derivative Security (Instr. 3 and 4)		rice of vative urity tr. 5)	9. Number of derivative Securities Beneficially Owned Following Reported Transaction(s) (Instr. 4)		10. Ownership Form: Direct (D) or Indirect (I) (Instr. 4)	11. Nature of Indirect Beneficial Ownership (Instr. 4)		
					Code V (A		(A)	(D)	Date Exercisab		Expiration Date	n Title	Amount or Number of Shares						

## **Explanation of Responses:**

- 1. Represents shares required to be sold by the Reporting Person to cover tax withholding obligations in connection with the vesting of restricted stock units. Such sales were automatic and not at the discretion of the Reporting Person.
- 2. The price reported in Column 4 is a weighted average price. The shares were sold in multiple transactions at prices ranging from \$16.18 to \$16.70. Full information regarding the number of shares sold at each separate price can be furnished to the SEC staff upon request.

/s/ Joshua B. Cohen, as **Attorney in Fact** 

01/11/2024

\*\* Signature of Reporting Person

Date

Reminder: Report on a separate line for each class of securities beneficially owned directly or indirectly.

- \* If the form is filed by more than one reporting person, see Instruction 4 (b)(v).
- \*\* Intentional misstatements or omissions of facts constitute Federal Criminal Violations See 18 U.S.C. 1001 and 15 U.S.C. 78ff(a).

Note: File three copies of this Form, one of which must be manually signed. If space is insufficient, see Instruction 6 for procedure.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB Number.